



CC8128-DRIB

AF/3761
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#12
DL
45-103

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re The Application of:)
Cheng, Gordon C. et al.)
Serial No.: 09/606,721)
Filed: June 29, 2000)
For: PERSONAL URINE)
MANAGEMENT SYSTEM FOR)
HUMAN MALES)

Examiner:
Art Unit: 3761
Conf. #: 7493

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DISHONG LAW OFFICES
40 Bryant Rd.
Jaffrey, NH 03452
April 4, 2003

CERTIFICATE OF MAILING (37 CFR § 1.8) I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service as First Class Mail with sufficient postage on the date shown below in an envelope addressed to: The Assistant Commissioner of Patents, Washington, D.C. 20231


Kathleen Chapman, Esq.

04/04/2003
Date

REQUEST FOR A ONE-MONTH EXTENSION OF TIME

Applicants respectfully request a one-month extension of time to file a response to the Final Rejection mailed on December 4, 2002, making the due date for the response April 4, 2003. Applicants enclose herein check # 5330 in the amount of \$55 for a one-month extension fee for a small entity.

Commissioner for Patents
Washington, D.C. 20231

Sir/Madam:

Transmitted herewith for filing is Applicant's response to the final Rejection of December 4, 2002, and the Advisory Action of February 18, 2003. Enclosed with this Certificate of Mailing are the following materials:

04/10/2003 CVD111 00000095 09606721

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55.00 0P

1. Response to Final Rejection of December 4, 2002, and the Advisory Action of February 18, 2002, in twenty-four (24) pages.

2. Applicant is:
☒ a small entity – verified statement is
 ☐ attached in three parts.
 ☒ already filed.
 ☐ other than a small entity.

FEE FOR CLAIMS

3. The fee for claims is calculated as follows:

	(Col. 1)	(Col. 2)	(Col. 3)	Small Entity RATE	ADDIT FEE	OR	Other Entity RATE	ADDIT FEE
	CLAIMS REMAIN	HIGHEST # PREV.	PRESENT EXTRA					
Total	33 ¹	Minus 96 ²	= 0	X \$9 =	\$0.00		X \$18.00 =	\$0.00
Ind.	6	Minus 14 ³	= 0	X \$42 =	\$0.00		X \$84.00 =	\$0.00
MD	0	0	= 0	X \$140 =	\$0.00		X \$280 =	\$0.00
Base filing fee				+ =	\$0.00		+ \$ =	\$
				Total	\$0.00	OR	Total	\$0.00

Notes:

¹If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

²If the "HIGHEST # PREV." (highest number of claims previously paid for) is less than 20, enter "20".

³If the "HIGHEST # PREV." is less than 3, enter "3".

[a] ☐ No additional fee is required OR

[b] ☐ Total additional fee required is \$55.00.

4. FEE PAYMENT

☐ Attached is a check # 5330 in the sum of \$ 55.00.

☐ Charge Account No. _____ the sum of \$ _____.

A duplicate of this transmittal is attached.

5. FEE DEFICIENCY

☐ If any additional extension fee is required, charge Acct. No. _____.

AND/OR

☐ If any additional fee for claims is required, charge Acct. No. _____.

Respectfully submitted,

Kathleen Chapman

Kathleen Chapman, Esq.

Attorney for Applicant; Reg. No. 46,094

April 4, 2003

Date

Voice: 603-878-4993; Fax: 775-218-4407